

Part C – National ALS Registry Postmortem Sample Request Form			Date of Request		
SAMPLES					
SAMPLE TYPE		PRICE/SAMPLE	# OF INDIVIDUALS REQUESTED	REQUESTED # OF SAMPLE/INDIVIDUAL	TOTAL SAMPLES
Frozen tissue (0.5-1 g)					
<input type="checkbox"/>	Precentral motor cortex	\$80			
<input type="checkbox"/>	Cervical spinal cord	\$100			
<input type="checkbox"/>	Thoracic spinal cord	\$100			
<input type="checkbox"/>	Lumbar spinal cord	\$100			
<input type="checkbox"/>	Other:				
Parafin-embedded fixed tissue sections (5 sections at 5 um)					
<input type="checkbox"/>	Olfactory bulb	\$60			
<input type="checkbox"/>	Midbrain at level of red nucleus	\$60			
<input type="checkbox"/>	Midbrain at decussation of the superior cerebellar peduncle	\$60			
<input type="checkbox"/>	Precentral motor and postcentral sensory cortex (Brodmann area (BA) 4, 3, 2, 1)	\$40			
<input type="checkbox"/>	Precentral motor cortex	\$40			
<input type="checkbox"/>	Inferior parietal cortex (BA 39,40)	\$40			
<input type="checkbox"/>	Anterior cingulate (BA 24)	\$40			
<input type="checkbox"/>	Superior frontal (BA 8)	\$40			
<input type="checkbox"/>	Inferior frontal cortex (BA 10,11,12)	\$40			
<input type="checkbox"/>	Middle frontal cortex (BA 8,9) at level of CAP	\$40			
<input type="checkbox"/>	Caudate nucleus, putamen, and nucleus accumbens (CAP)	\$40			
<input type="checkbox"/>	Anterior temporal (BA 38)	\$40			
<input type="checkbox"/>	Superior temporal (BA 20, 21,22)	\$40			
<input type="checkbox"/>	Amygdala, with entorhinal cortex (BA 28)	\$60			
<input type="checkbox"/>	Globus pallidus, putamen with laustrum, insula and substantia innominata	\$60			
<input type="checkbox"/>	Anterior hippocampus	\$60			
<input type="checkbox"/>	Hippocampal formation at level of lateral geniculate body, tail of caudate	\$60			
<input type="checkbox"/>	Superior temporal posterior (BA 41,42)	\$40			
<input type="checkbox"/>	Thalamus with centromedian, dorsal medial, lateral dorsal and lateral posterior nuclei	\$60			
<input type="checkbox"/>	Thalamus with subthalamic nucleus, mammillary body	\$60			

<input type="checkbox"/>	Posterior cingulate (BA23, 31)	\$40			
<input type="checkbox"/>	Calcarine cortex (BA 17,18)	\$40			
<input type="checkbox"/>	Superior parietal cortex (BA 7b)	\$40			
<input type="checkbox"/>	Upper pons (level of locus coeruleus)	\$60			
<input type="checkbox"/>	Lower pons at Vth cranial nerve	\$60			
<input type="checkbox"/>	Medulla oblongata (including inferior olives)	\$60			
<input type="checkbox"/>	Cervical spinal cord	\$60			
<input type="checkbox"/>	Thoracic spinal cord	\$60			
<input type="checkbox"/>	Lumbar spinal cord	\$60			
<input type="checkbox"/>	Sacral spinal cord	\$60			
<input type="checkbox"/>	Cerebellar vermis	\$60			
<input type="checkbox"/>	Cerebellum with dentate nucleus	\$60			
<input type="checkbox"/>	BA 19	\$40			

Comments/Special Instructions:

SURVEY DATA	CONTACT INFORMATION
<p>*All specimen requests include demographics when available, including: age at diagnosis; age at first symptom; age at death; race; sex; family history of ALS; family history of other NGD; state of residence; ALSFRS closest to collection; and survival time.</p> <p>Are you interested in additional Survey Data? Note, not all survey data may be available at this time.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please select from the options below:</p> <p> <input type="checkbox"/> Demographics <input type="checkbox"/> Occupational History <input type="checkbox"/> Military History <input type="checkbox"/> Smoking/Alcohol History <input type="checkbox"/> Physical Activity <input type="checkbox"/> Disease Progression (ALSFRS) <input type="checkbox"/> Family History of Neurological Diseases <input type="checkbox"/> Clinical Data (e.g. devices used, body onset) <input type="checkbox"/> Lifetime Residential History <input type="checkbox"/> Lifetime Occupational History <input type="checkbox"/> Residential Pesticide Use <input type="checkbox"/> Hobbies with Toxicant Exposures <input type="checkbox"/> Caffeine Consumption <input type="checkbox"/> Reproductive History (women) <input type="checkbox"/> Health Insurance Status <input type="checkbox"/> Trauma History </p>	<hr/> <p>Protocol #</p> <hr/> <p>Title of Study or Project</p> <hr/> <p>Principal Investigator or Project Director</p> <hr/> <p>Organization</p> <hr/> <p>Contact Phone Number</p> <hr/> <p>Email Address</p>
	SHIPPING INFORMATION
	<p>LAB CONTACT:</p> <hr/> <p>LAB TELEPHONE:</p> <hr/> <p>LAB CONTACT EMAIL:</p> <hr/> <p>LAB SHIPPING ADDRESS:</p> <hr/>